

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette		SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2	Request Number:
Mailing Address:	609 West Navajo Street			
City:	West Lafayette	State:	IN	Zip Code:
Contact Person:	Judith C. Rhodes, Clerk-Treasurer		Contact Phone Number:	(765) 775-5150
Authorized Representative:	Mayor John R. Dennis, or Clerk-Treas. Judith C. Rhodes		Auth. Rep. Phone Number:	(765) 775-5100

If requesting reimbursement to the Participant by wire transfer, please provide the following information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Loan Information

Description of work for which claim is being made (services, fees, type of work), etc:	Northside Regional Lift Station and Force Main		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds) :			
Source:		Amount:	\$0
Is any part of this claim funded by the Indiana Brownfield's Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:	\$4,200,000
Total Amount of Previous Disbursements:	\$2,891,227
Balance Available After this Disbursement:	\$1,285,681
Amount to Contractor for this Request:	\$23,092
Is any part of this request a partial or final release of retainage to the contractor?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Contractor Name:	Greeley & Hansen
DUNS Number:	04 569 9949
Mailing Address:	Lockbox 619776, PO Box 6197
City:	Chicago
State:	IL
Zip:	60680-6197
Wiring Information:	
Bank Name:	
Bank Routing Number:	
Account Name:	
Account Number:	
Retainage Amount for this Request:	\$0
Please select one of the following retainage payment options:	
Participant requests that the retainage amount be held by SRF:	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed.	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>
Bank Name:	
Bank Routing:	
Account Name:	
Account Number:	
Total Amount of This Request:	\$23,092
The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Participant's Financial Assistance Agreement with the Authority.	
Authorized Representative Signature:	
Date:	11-Feb-14

FOR INTERNAL USE ONLY

Approved by:	DATE:	SRF AMT:
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GREELEY AND HANSEN

Celebrating 100 YEARS: Quality • Vision • Future

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1006
www.greeley-hansen.com

January 23, 2014

Mr. David Henderson
Utility Director
City of West Lafayette
Wastewater Treatment Utility
500 South River Road
West Lafayette, IN 47906

RECEIVED
JAN 24 2014
UTILITY DIRECTOR

Subject: North Side Regional Lift Station and Force Main
RPR Inspection Services Beyond Contract Substantial Completion
Invoice No. 395759

Dear David:

The enclosed invoice is for construction administration and inspection services beyond the Contract substantial completion date related to the North Side Regional Lift Station and Force Main project. As you know, the Contractor was notified that as of November 7, 2013 the liquidated damages provision of the Contract is in force until Substantial Completion is reached. As we discussed, the City can pursue reimbursement for construction services in accordance with the Contract Documents. The amounts can be deducted from the Contractor's monthly payment applications. Invoice No. 395759 covers services provided through January 10, 2014 including:

- RPR Onsite Inspection
- Additional Review of Cold Weather Installation Requirements for both Painting and Limestone
- Update and Distribute Substantial Completion Punch List
- Continue to Track and Request 'Approved as Noted' Submittals
- Draft Memorandum Outlining Options to Address Failure to Meet Substantial & Final Completion
- Conduct Conference Calls to Develop Course of Action to Address Failure to Meet Substantial & Final Completion
- Review and Comment on RL Turner Insurance Certificates
- Respond to and Monitor Noncompliance Issues
 - Air Barrier Membrane
 - Entrance Gate
 - Unapproved Saturday Work
- Continued coordination with RL Turner and City.

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen


Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



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P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Billing Number: 05
Invoice Number: INV-0000395759

Invoice Date: 01/23/14

Description: FOR CONSTRUCTION SERVICES FOR THE NORTHSIDE REGIONAL LIFT STATION AND FORCE MAINS IN ACCORDANCE WITH THE AGREEMENT DATED SEPTEMBER 28, 2009, AMENDMENT NO. 1 DATED MARCH 29, 2010, AMENDMENT NO. 2 DATED JUNE 19, 2012

Bill To:
CITY OF WEST LAFAYETTE
ATTN: MR. DAVID HENDERSON
UTILITY DIRECTOR
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LBX 619776
P.O. Box 6197
CHICAGO, 60680-6197
USA

Customer Number: 0791

Contract Value
Cost: \$0.00
Fee: \$0.00
Total: \$0.00

Project Number: 0791C.02
Project Name: NORTHSIDE LS & FM 3RD SUB
Terms: NET 30
Due Date: 02/22/14

Cumulative Amount Billed: \$62,357.73

Billing Period From: 12/14/13
To: 01/10/14

Direct Labor
Total Direct Labor
Sub-Consultants
Total ODC's
Salary Multiplier
Total Multiplier

Current Amount	Cumulative Amount
\$7,216.15	\$17,424.29
\$7,216.15	\$17,424.29
\$0.00	\$6,600.00
\$0.00	\$6,600.00
\$15,875.53	\$38,333.44
\$15,875.53	\$38,333.44
<u>\$23,091.68</u>	<u>\$62,357.73</u>

Invoice Total

Current Incurred Hours:

160.50

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Billing Number:	05	Project Number:	0791C.02
Invoice Number:	INV-0000395759	Project Name:	NORTHSIDE LS & FM 3RD SUB
		Invoice Date:	01/23/14

Non-T&M Labor Supporting Schedule

Group Description:	Total Direct Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	BARBER, D. BRETT		12.00	\$802.20
01 CIVIL- SANITARY ASSOCIATE	HEALY, TIMOTHY S		18.50	788.47
02 CIVIL-SANITARY ENGINEER	HEALY, TIMOTHY S		23.00	945.94
22 CONSTRUCTION ENGINEER	GELLER, GREG M		107.00	4,679.54
Direct Labor			160.50	\$7,216.15
Total Direct Labor			160.50	\$7,216.15

INV-0000395759**0791C.02**

Date	BARBER	GELLER	HEALY	Grand Total
12/16/13		8.00	2.00	10.00
12/17/13	1.00	8.00	3.00	12.00
12/18/13	1.00	8.00	7.00	16.00
12/19/13	1.00	8.00		9.00
12/20/13		8.00	4.50	12.50
12/23/13	1.50		5.50	7.00
12/27/13			1.00	1.00
12/30/13	3.00	8.00	2.00	13.00
12/31/13	1.00	8.00	2.00	11.00
01/02/14		8.00	2.00	10.00
01/03/14	0.50	8.00	1.00	9.50
01/06/14		8.00	1.50	9.50
01/07/14	2.00	8.00	2.00	12.00
01/08/14		8.00	2.00	10.00
01/09/14		7.00	2.00	9.00
01/10/14	1.00	4.00	4.00	9.00
Grand Total	12.00	107.00	41.50	160.50